

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
4-165457

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			1			
4	2		1			
5	3		1			
6	5		1			
7	3		1			
8	2		1			
9	2		1			
10	3		1			
11	3		1			
12	5		1			
13	5		1			
14	5		1			
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TOTAL IND.			2			
TOTAL DEP.			14			
TOTAL CLAIMS			16			

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	IND.	DEP.	IND.		
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					